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Review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action of the International Conference on Population and Development

Report of the Secretary-General

Summary

The Programme of Action of the International Conference on Population and Development recommended that the General Assembly organize a regular review of the implementation of the Programme of Action. In its resolution 49/128 of 19 December 1994, the Assembly named the Commission on Population and Development as the body responsible for monitoring, reviewing and assessing the implementation of the Programme of Action. The report of the Secretary-General on the first review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action was presented to the Commission in 1999 (E/CN.9/1999/PC/2). In its decision 2003/229 of 21 July 2003, the Economic and Social Council approved the preparation of a report on the second quinquennial review and appraisal for submission to the thirty-seventh session of the Commission in 2004. In accordance with that decision, the present report presents the results of the second quinquennial review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action.

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This report is divided into an introduction and seven sections. The first two sections provide an overview of population levels and trends, and population growth, structure and distribution in the world and its major regions. These are followed by four sections focusing on clusters of issues: reproductive rights and reproductive health, health and mortality, international migration, and population programmes. The final section summarizes the major conclusions of the report. Reflected in the discussions in all the sections, both explicitly and implicitly, are three interrelated factors that affect implementation of all the recommendations of the Programme of Action, namely, availability of financial and human resources, institutional capacities, and partnerships of Governments, the international community, non-governmental organizations and civil society. The full implementation of the Programme of Action requires concerted action on these three fronts.

The overarching conclusion of this report is that the decade since the adoption of the Programme of Action has been one of substantial progress. The world is beginning to see the end of rapid population growth, couples are closer to achieving their desired family size and spacing of children, mortality is declining in most countries and there is evidence that many countries are taking the necessary steps to confront HIV/AIDS and other mortality crises, and Governments are initiating processes to address concerns related to international migration.

While much progress has been made in implementation of the Programme of Action during the last 10 years, there have also been shortfalls and gaps. The progress has not been universal and, based on current trends, many countries may fall short of the agreed goals of the Programme of Action. To achieve the goals and objectives of the Programme of Action, continued efforts and commitment are needed to mobilize sufficient human and financial resources, to strengthen institutional capacities, and to nurture partnerships among Governments, the international community, non-governmental organizations and civil society. With such efforts and commitment, the next review and appraisal can be expected to show broader and deeper progress in achieving the goals and objectives of the Programme of Action.

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Introduction

1. The Programme of Action of the International Conference on Population and Development (United Nations, 1995, chap. I, resolution 1; annex) recommended that the General Assembly organize a regular review of the implementation of the Programme of Action. In its resolution 49/128 of 19 December 1994, the General Assembly had named the Commission on Population and Development as the body responsible for monitoring, reviewing and assessing the implementation of the Programme of Action, and requested the Economic and Social Council to review the reporting procedures within the United Nations system regarding population and development issues, including a quinquennial review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action. In its resolution 1995/55 of 28 July 1995, the Council endorsed the proposed report of the Secretary-General providing such a review and appraisal, to be prepared quinquennially for the Commission. The report of the Secretary-General on the first review and appraisal was presented to the Commission in 1999 (E/CN.9/1999/PC/2).

2. In its decision 2003/229 of 21 July 2003, the Economic and Social Council approved the preparation of a report on the second quinquennial review and appraisal for the thirty-seventh session of the Commission in 2004. In accordance with that decision, the present report presents the results of the second quinquennial review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action.

3. This report is divided into an introduction and seven sections. The first two sections provide an overview of population levels and trends, and population growth, structure and distribution in the world and its major regions. These are followed by four sections focusing on clusters of issues: reproductive rights and reproductive health, health and mortality, international migration, and population programmes. The final section summarizes the major conclusions of the report. Reflected in the discussions in all the sections, both explicitly and implicitly, are three interrelated factors that affect implementation of all the recommendations of the Programme of Action, namely, availability of financial and human resources, institutional capacities, and partnerships among Governments, the international community, non-governmental organizations and the civil society. The full implementation of the Programme of Action requires concerted action on these three fronts.

I. Population levels and trends

4. The Programme of Action identified population growth as an important element in the development process and stressed that, in order to achieve an improved quality of life for present and future generations, it was important to facilitate the transition towards low birth and death rates, and hence towards slower population growth. By 2004, nearly all countries of the world have experienced some reduction of fertility, the main source of population growth. However, the world population is still increasing, although at a declining rate. In addition, demographic diversity across regions and countries with regard to the components of population growth has been increasing and will continue to influence regional population distribution.

5. In 2004, the world population stands at 6.4 billion persons (table 1). Between 1994 and 2004, 784 million persons were added to the world population, implying an average annual growth rate of 1.3 per cent per year. The less developed regions have been growing more rapidly than the more developed regions (at annual rates of 1.6 per cent and 0.3 per cent, respectively). The growth rate of the least developed countries remains especially high at 2.4 per cent per year. By 2015, the world population is projected to reach 7.2 billion persons, a rise equivalent to an annual growth rate of 1.1 per cent during 2004-2015. During that period, 104 countries, accounting for 41 per cent of the world population, are expected to exhibit growth rates lower than 1 per cent per year. Yet, even projecting continued fertility reductions, during 2004-2015, 52 countries, accounting for 14 per cent of the world population, are still expected to experience growth rates above 2 per cent per year. Among them, 31 are least developed countries.

Table 1
Population by major area, 1994, 2004 and 2015, and average annual rate of change, 1994-2004 and 2004-2015

	Population by major area (millions)			*Average annual rate of change (percentage)*	
Major area	*1994*	*2004*	*2015*	*1994-2004*	*2004-2015*
World	5 594	6 378	7 197	1.31	1.10
More developed regions	1 170	1 206	1 230	0.31	0.18
Less developed regions	4 424	5 172	5 967	1.56	1.30
Least developed countries	576	736	942	2.44	2.25
Africa	690	869	1 085	2.31	2.01
Asia	3 379	3 871	4 371	1.36	1.10
Europe	727	726	713	-0.02	-0.15
Latin America and the Caribbean	473	551	628	1.52	1.20
Northern America	296	329	364	1.05	0.92
Oceania	28	33	37	1.36	1.04

Source: *World Population Prospects: The 2002 Revision, vol. 1, Comprehensive Tables* (United Nations publication, Sales No. E.03.XIII.6).

6. Most of the increase in world population occurs in the less developed regions. Indeed, developing countries contributed 747 million persons to the world population increase of 784 million during 1994-2004. Six developing countries account for about half of the annual population growth in the world: India (21 per cent); China (13 per cent); and Pakistan, Nigeria, Bangladesh and Indonesia (about 4 per cent each).

7. As a result of the differences in growth rates between more developed and less developed regions, the distribution of the world population is shifting towards the less developed regions. In 2004, about four out of every five persons in the world live in the less developed regions. The five most populous countries are China (1.3 billion), India (1 billion), the United States of America (297 million), Indonesia

(223 million) and Brazil (181 million). Four of these are in the less developed regions. However, rates of population growth also vary considerably in the developing world. Africa is the fastest growing major area, at a rate of 2.3 per cent annually, followed by Latin America and the Caribbean (1.5 per cent annually) and Asia (1.4 per cent). In the developed world, Northern America is still growing at a robust rate of 1.0 per cent per year, whereas Europe has been experiencing a reduction of its population, at a rate of -0.02 per cent annually during 1994-2004.

8. Africa, Asia and, to a lesser extent, Latin America and the Caribbean have all increased their share of the world population since 1994 (table 2). The share of Africa rose from 12 per cent in 1994 to 14 per cent in 2004, that of Asia from 60 to 61 per cent, and that of Latin America and the Caribbean from 8 to 9 per cent. The shares of Northern America and Oceania remained at 5 per cent and 1 per cent, respectively. In contrast, Europe's share declined from 13 to 11 per cent. By 2015, Europe's share will have declined further to about 10 per cent, whereas the shares of Africa, and Latin America and the Caribbean, will continue to grow. Between 2004 and 2015, 22 countries in Europe, 4 in Asia, 4 in Africa and 3 in Latin America and the Caribbean are expected to experience declines in population size. The population decline in the four countries of Africa will be due to the devastating impact of the HIV/AIDS epidemic, whereas that in the other countries will result from low fertility levels.

Table 2
Distribution of world population by major area, 1994, 2004 and 2015

	Population by major area (millions)			*Percentage distribution*		
Major area	*1994*	*2004*	*2015*	*1994*	*2004*	*2015*
World	5 594	6 378	7 197	100.0	100.0	100.0
More developed regions	1 170	1 206	1 230	20.9	18.9	17.1
Less developed regions	4 424	5 172	5 967	79.1	81.1	82.9
Least developed countries	576	736	942	10.3	11.5	13.1
Africa	690	869	1 085	12.3	13.6	15.1
Asia	3 379	3 871	4 371	60.4	60.7	60.7
Europe	727	726	713	13.0	11.4	9.9
Latin America and the Caribbean	473	551	628	8.5	8.6	8.7
Northern America	296	329	364	5.3	5.2	5.1
Oceania	28	33	37	0.5	0.5	0.5

Source: *World Population Prospects: The 2002 Revision*, vol. 1, *Comprehensive Tables* (United Nations publication, Sales No. E.03.XIII.6).

9. Nearly half of the inhabitants of the world live in urban areas. In the more developed regions, three out of four people are urban-dwellers, whereas in the less developed regions the proportion is two out of five. The level of urbanization varies considerably among major areas. In Northern America, Latin America and the Caribbean, Oceania and Europe, about three out of every four persons live in urban areas. In contrast, in Asia and Africa, only two out of five persons are urban-

dwellers. Although urban areas encompass an increasing share of the world population, one quarter of the world population lives in small cities with fewer than 500,000 inhabitants.

10. The world total fertility rate declined from over 3 children per woman in 1990-1995 to about 2.7 children today (table 3). Since the early 1990s, the number of countries with average total fertility above 5 children per woman has dropped from 55 in 1990-1995 to 34 in 2000-2005. Among those 55 countries, 41 were located in Africa, 11 in Asia, 2 in Oceania and 1 in Latin America and the Caribbean. Of the 34 countries where fertility remains high in 2000-2005, 28 are located in Africa and 6 in Asia. At the other end of the distribution, the number of countries with fertility below replacement level has been growing, having risen from 51 in 1990-1995 to 62 in 2000-2005. In 1993, just 10 of the countries with below-replacement fertility were in the less developed world; but by 2003, the number of developing countries with below-replacement fertility had doubled to 20.

Table 3
Total fertility rate by major area, 1990-1995, 2000-2005 and 2010-2015

	Total fertility rate (children per woman)		
Major area	*1990-1995*	*2000-2005*	*2010-2015*
World	3.03	2.69	2.50
More developed regions	1.69	1.56	1.60
Less developed regions	3.40	2.92	2.65
Least developed countries	5.77	5.13	4.40
Africa	5.63	4.91	4.19
Asia	2.98	2.55	2.30
Europe	1.58	1.38	1.40
Latin America and the Caribbean	3.01	2.53	2.23
Northern America	2.02	2.05	2.03
Oceania	2.55	2.34	2.16

Source: *World Population Prospects: The 2002 Revision*, vol. 1, *Comprehensive Tables* (United Nations publication, Sales No. E.03.XIII.6).

11. In 2000-2005, life expectancy at birth in the world is expected to reach 66 years, up from 64 years in 1990-1995. Over 100 countries have attained a life expectancy greater than 70 years, accounting for 47 per cent of the world population in 2003. Although considerable progress continues to be made worldwide, the last decade of the twentieth century witnessed major setbacks, particularly in countries affected by the HIV/AIDS epidemic and in those affected by conflict. Life expectancy is still below 50 years in 36 countries, 33 of which are in sub-Saharan Africa and most of which are affected by HIV/AIDS and/or conflict. In the 53 countries most affected by the HIV/AIDS epidemic, it is estimated that HIV was the cause of nearly 20 million excess deaths by 2000-2005 and that the number of excess deaths will likely rise to 32 million by 2010-2015, even under the assumption that measures to control the further spread of the disease will be moderately successful.

12. The global infant mortality rate is estimated at 56 deaths per 1,000 live births in 2000-2005, the result of 8 deaths per 1,000 live births in the more developed regions and 61 deaths per 1,000 live births in the less developed regions. Over 130 countries are expected to achieve an infant mortality below 50 by 2000-2005, as called for in the Programme of Action (para. 8.16). However, 62 countries (41 of which are least developed countries), accounting for 35 per cent of the world population, will not meet that goal.

13. The 1990s witnessed continued increases in international population movements. As of mid-2000, approximately 175 million persons, or 3 per cent of world population, were international migrants, up from 154 million in 1990 (table 4). Forty-eight per cent of all international migrants were female. In 2000, 104 million international migrants lived in the more developed regions and 71 million in the less developed regions, that is, three out of every five international migrants lived in developed countries where they constituted about 9 per cent of the total population. In 2000, 84 per cent of all international migrants lived in Asia, Europe and Northern America. Because of the very low levels of fertility prevalent in countries of the more developed regions, international migration has become a major contributor to population growth in these countries. During 1990-2000, the contribution of net international migration to population growth in the more developed regions was slightly larger than that of natural increase and it is expected that during 2000-2010, the contribution of net international migration will be three times as large as that of natural increase in the more developed regions.

Table 4
Migrant stock by major area, 2000

	Migrant stock		
	Total population (millions)	*Number (millions)*	*Percentage of population*
Major area	*2000*	*2000*	
World	6 057	175	2.9
More developed regions	1 191	104	8.7
Less developed regions	4 865	71	1.5
Least developed countries	668	11	1.6
Africa	794	16	2.1
Asia	3 672	50	1.4
Europe	727	56	7.7
Latin America and the Caribbean	519	6	1.1
Northern America	314	41	13.0
Oceania	31	6	19.1

Source: *International Migration, 2002* (United Nations publication, Sales No. E.03.XIII.3), wall chart.

14. The Programme of Action aimed to fully integrate population concerns into development, environmental and poverty reduction strategies, providing for adequate resource allocation at all levels. With respect to the wide range of

environmental, social, health and economic goals set out at the International Conference on Population and Development in its Programme of Action, and at other global conferences, progress has been mixed. Overall, despite some setbacks in selected countries, progress has been made in reducing poverty rates, though not in reducing the absolute number of poor persons. Despite sustained increases in food supply globally, the number of undernourished people has grown since 1995, as food insecurity increased in many of the poorest countries (Food and Agriculture Organization of the United Nations, 2003). The World Summit on Sustainable Development, held in Johannesburg, South Africa, in 2002, presented an opportunity to produce concrete steps and identify quantifiable targets for the enhanced implementation of Agenda 21 (United Nations, 1993, resolution 1, annex II). Furthermore, in 2000, leaders of 189 countries gathered at the United Nations Millennium Summit and agreed on a set of Millennium Development Goals aimed at reducing global poverty and hunger by half by 2015, reducing maternal and child mortality rates, curbing the spread of HIV, advancing gender equality, and promoting environmentally sustainable development. These goals complement and reinforce those of the Programme of Action.

II. Population growth, structure and distribution

15. The Programme of Action reflected the view that the early stabilization of world population would make an important contribution to the achievement of sustainable development, and it reflected a consensus view that slower population growth could buy more time for societies to combat poverty and protect the environment.

16. Continued high rates of population growth remain an issue of policy concern for many Governments, especially in the less developed regions. Rapid population growth at the national level is also seen as exacerbating problems associated with population distribution, especially the rapid growth of cities. In 2001, over half of the countries in the less developed regions had policies to lower their rate of population growth. Among the least developed countries, where population growth rates are the highest, almost two thirds had policies and programmes to lower their rates of population growth (table 5).

17. While most countries in the less developed regions are concerned with high population growth, an increasing number of countries in the more developed regions are expressing concern about their low rates of population growth. Between 1991 and 2001, the proportion of developed countries that perceived their population growth rate to be too low more than doubled from 16 to 35 per cent; and 25 per cent of the countries in the more developed regions had a policy to increase their growth rate in 2001, a substantial increase from 19 per cent in 1991 (table 5).

18. The Second World Assembly on Ageing, held in Madrid in April 2002, adopted a Political Declaration (United Nations, 2002 b, chap. I, resolution 1, annex I) reinforcing the objectives set in the Programme of Action. It reasserted the commitment of Governments to respond to the opportunities and challenges posed by population ageing in the twenty-first century and to promote the development of a society for all ages.

Table 5
Government policies on the rate of population growth, more developed regions, less developed regions and least developed countries: 1991, 1996 and 2001

	Number of countries					*Percentage*				
Year	*Raise*	*Maintain*	*Lower*	*No intervention*	*Total*	*Raise*	*Maintain*	*Lower*	*No intervention*	*Total*
World										
1991	21	15	66	66	168	12.5	8.9	39.3	39.3	100.0
1996	25	16	70	82	193	13.0	8.3	36.3	42.5	100.0
2001	22	18	76	77	193	11.4	9.3	39.4	39.9	100.0
More developed regions										
1991	7	10	1	19	37	18.9	27.0	2.7	51.4	100.0
1996	11	6	1	30	48	22.9	12.5	2.1	62.5	100.0
2001	12	7	1	28	48	25.0	14.6	2.1	58.3	100.0
Less developed regions										
1991	14	5	65	47	131	10.7	3.8	49.6	35.9	100.0
1996	14	10	69	52	145	9.7	6.9	47.6	35.9	100.0
2001	10	11	75	49	145	6.9	7.6	51.7	33.8	100.0
Least developed countries										
1991	3	1	20	22	46	6.5	2.2	43.5	47.8	100.0
1996	1	1	26	21	49	2.0	2.0	53.1	42.9	100.0
2001	1	1	32	15	49	2.0	2.0	65.3	30.6	100.0

Source: Population Policy Data Bank maintained by the Population Division of the United Nations Secretariat.

19. Owing to declining mortality levels and the persistence of high levels of fertility, most developing countries continue to have large numbers of children and young people in their populations. The fact that rapid growth in the number of young people and adolescents boosts demand for health-care services, education and employment, entails major challenges and responsibilities for society and strains the capacities of institutions in developing countries. In 2004, children under age 15 constitute 31 per cent of the population of the less developed regions, and 43 per cent of that in the least developed countries. Despite the declining growth rates in the child population, the number of children continues to increase in the less developed regions.

20. The Programme of Action sought to promote the health, well-being and potential of all children, adolescents and youth in accordance with the commitments made at the World Summit for Children and set forth in the Convention on the Rights of the Child (General Assembly resolution 44/25, annex (para. 6.7 (a))). The Programme of Action encouraged children, adolescents and youth, particularly young women, to continue their education, whose beneficial effects include reducing the incidence of early marriage and motherhood. The Programme of Action also called for the expansion of employment opportunities for young people. In regard to

older persons, the Programme of Action set out the following objectives: to improve the self-reliance of the elderly, to develop health-care systems and social security schemes that paid special attention to the needs of older women and to enhance the ability of families to take care of the elderly within the family (para. 6.17).

21. The rising trend in school enrolment at all educational levels and the declining trend in illiteracy are benefiting both girls and boys. In 1990, 80 per cent of primary school-age children had been either enrolled in or attending school (net primary enrolment ratio), a figure that increased by just 2 percentage points, to 82 per cent, by 1999. The gender gap was halved during that period, but it is still a serious concern in sub-Saharan Africa, Southern Asia, Western Asia and Northern Africa (United Nations Children's Fund (UNICEF), 2001). Overall, enrolment ratios in secondary school increased from 1990 to 1999 in all regions of the world, except in countries with economies in transition. The gender gap in secondary enrolment has also declined in all regions where the enrolment of girls was lower than that of boys. Nevertheless, there is still much to be done in order to improve the secondary-school enrolment of girls, especially in Southern Asia, Western Asia and sub-Saharan Africa. According to recent estimates (United Nations Educational, Scientific and Cultural Organization (UNESCO), 2002), youth illiteracy rates, which reflect the proportion illiterate among those aged 15-24, declined in all regions between 1990 and 2000. However, female youth illiteracy rates are still substantially higher than those of males, especially in the less developed regions, and there has been little progress in reducing this gap since 1990.

22. The number of older persons in the world is still smaller than the child population, but the older population is growing at a much faster pace. The number of persons aged 60 years or over is estimated to have increased from 530 million to 654 million between 1994 and 2004. Many societies, especially those in more developed regions, already have population age structures with higher proportions of elderly than ever seen before. In fact, there are more persons aged 60 years or over in the more developed regions than children under age 15 (241 million versus 208 million in 2004).

23. While once limited to developed countries, concern about the consequences of population ageing has spread to many of the developing countries. In fact, because of rapid reductions of fertility, the tempo of ageing is more rapid in the less developed regions than in the more developed regions. Thus, between 2004 and 2015, the annual growth rate of the population aged 60 years or over is expected to surpass 3 per cent in the less developed regions, a rate that is almost twice as high as that in the more developed regions. Because it is likely to become more difficult to adjust to rapid changes in age structure, developing countries may find the difficulty of coping with the ageing process greater than that experienced by the developed countries so far.

24. Population ageing will have wide-ranging economic and social consequences for economic growth, savings and investment, labour supply and employment, pension schemes, health and long-term care, inter-generational transfers, taxation, family composition and living arrangements. For the older population, key issues concern their socio-economic status, productive ageing and quality of life. Developed countries have been more likely than developing countries to exhibit a range of policies and programmes to meet the needs of the elderly. For instance, health-care services specifically designed to deal with the needs of older persons are

available in many developed countries, but few developing countries have such services as yet.

25. Although nearly all countries report the availability of pension schemes, many do not have universal coverage. Although the socio-economic status of older persons has been enhanced by improvements in pension schemes, older women are more likely to be poor than older men because they are more likely to be widowed and their contributions towards pension schemes have generally been smaller. In light of current and future challenges regarding social security, the International Labour Conference adopted in 2001 a resolution and a series of conclusions calling for a campaign to extend the coverage of social security and for Governments to give higher priority to social security issues (International Labour Organization (ILO), 2001).

26. One of the major trends at the end of the twentieth century was the growth of urban agglomerations. By 2004, 49 per cent of the world's population were living in urban areas (table 6). With urban areas growing three to four times faster than their rural counterparts, United Nations projections show that the number of urban-dwellers could outnumber the rural population by 2007. In 2004, three of every four persons in the more developed regions lived in urban areas, compared with two of every five persons in the less developed regions.

Table 6
Proportion of population residing in urban areas, by major area, 1994, 2004 and 2015

	Proportion residing in urban areas (percentage)		
Major area	*1994*	*2004*	*2015*
World	44.9	48.8	53.9
More developed regions	74.4	75.7	77.6
Less developed regions	37.1	42.6	48.9
Least developed countries	22.6	28.1	35.3
Africa	33.9	39.6	46.4
Asia	34.3	39.6	45.9
Europe	72.8	73.7	75.4
Latin America and the Caribbean	72.7	76.8	80.8
Northern America	75.9	77.5	79.3
Oceania	71.1	73.6	75.6

Source: *World Urbanization Prospects: The 2001 Revision* (United Nations publication, Sales No. E.02.XIII.16).

27. The giant urban agglomerations of the world are becoming both larger and more numerous. There were 16 mega-cities with at least 10 million inhabitants in 2000, and their number is expected to rise to 21 by 2015. However, throughout the 1990s, smaller settlements with fewer than 500,000 inhabitants and those with a population ranging from 1 million to 5 million inhabitants had accounted for the

largest shares of the increase in the world urban population. A similar pattern is anticipated during 2000-2015.

28. There is growing concern regarding the capacity of cities to absorb rapid population growth. Many Governments have expressed concern that high rates of rural-urban migration can hamper their cities' ability to provide all their residents with clean water, power and waste management. In 2001, 39 per cent of Governments considered that their patterns of population distribution required major changes. Of these, 87 per cent were in less developed regions (table 7). In 2001, among all major areas, Africa had the highest proportion of Governments desiring major changes in spatial distribution (64 per cent). Issues of population distribution featured prominently not only at the International Conference on Population and Development, but also at the United Nations Conference on Human Settlements (Habitat II), held in Istanbul in June 1996, and, with regard to the rural population, at the World Food Summit, held in Rome in November 1996.

29. In many developing countries, population distribution policies are largely synonymous with measures to reduce rural-urban migration. In practice, most policies aimed at slowing the growth of large metropolitan areas have been ineffective. Although there is a broad consensus among Governments in the developing world concerning the desirability of promoting small and medium-sized cities, the means to achieve that goal are less clear.

30. In 2001, the General Assembly held a special session to review and appraise the implementation of the Habitat Agenda (United Nations, 1996, chap. I, resolution 1, annex II), reinforcing the commitment to future actions and further initiatives in respect of the Agenda. As a result, the Assembly adopted the Declaration on Cities and Other Human Settlements in the New Millennium, as contained in the annex to its resolution S-25/2 of 9 June 2001. The Declaration reaffirmed that human beings are at the centre of concerns for sustainable development and emphasized that full advantage had to be taken of the complementary contributions and linkages between rural and urban areas by giving appropriate attention to the different economic, social and environmental requirements of each.

31. There are an estimated 370 million indigenous people in more than 70 countries worldwide. Indigenous peoples are the inheritors and practitioners of unique cultures and ways of relating to other people and to the environment. In 1994, the General Assembly launched the International Decade of the World's Indigenous People (1994-2004) to increase the United Nations commitment to promoting and protecting the rights of indigenous people worldwide. As part of the Decade, the organizations of the United Nations system have been working with indigenous peoples to design and implement projects on health, education, housing, employment, development and the environment that promote the protection of indigenous people and their traditional customs, values and practices. By Economic and Social Council resolution 2000/22 of 28 July 2000, a Permanent Forum on Indigenous Issues was created with the mandate to deal with six main areas: economic and social development, culture, the environment, education, health and human rights.

Table 7
Governments' views on spatial distribution, more developed regions, less developed regions, least developed countries, and major areas, 2001

	Number of countries				*Percentage*			
	Satisfactory	*Minor change desired*	*Major change desired*	*Total*	*Satisfactory*	*Minor change desired*	*Major change desired*	*Total*
World	66	52	75	193	34.2	26.9	38.9	100.0
More developed regions	26	12	10	48	54.2	25.0	20.8	100.0
Less developed regions	40	40	65	145	27.6	27.6	44.8	100.0
Least developed countries	11	11	27	49	22.4	22.4	55.1	100.0
Africa	9	10	34	53	17.0	18.9	64.2	100.0
Asia	14	16	16	46	30.4	34.8	34.8	100.0
Europe	22	12	9	43	51.2	27.9	20.9	100.0
Latin America and the Caribbean	11	12	10	33	33.3	36.4	30.3	100.0
Northern America	2	0	0	2	100.0	0.0	0.0	100.0
Oceania	8	2	6	16	50.0	12.5	37.5	100.0

Source: Population Policy Data Bank maintained by the Population Division of the United Nations Secretariat.

32. The Programme of Action also made recommendations concerning the rights and participation of persons with disabilities. On 19 December 2001, the General Assembly adopted resolution 56/168 in which the Assembly decided to establish an ad hoc committee to consider proposals for a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities, based on the holistic approach in the work done in the fields of social development, human rights and non-discrimination, and taking into account the recommendations of the Commission on Human Rights and the Commission for Social Development.

33. Lastly, largely as a result of environmental degradation, natural disasters, armed conflict and forced resettlement, internally displaced persons are the fastest-growing group of uprooted persons in the world. The Programme of Action expressed concern about the situation of persons who had been forced to leave their places of usual residence and recommended that adequate protection and assistance be given to persons in those circumstances (para. 9.20). The Office of the United Nations High Commissioner for Refugees (UNHCR) has extended its protection and assistance to certain groups of internally displaced persons not included in its original mandate. In 2002, 5.3 million internally displaced persons were under UNHCR protection or the recipients of its assistance.

III. Reproductive rights and reproductive health

34. The Programme of Action emphasized that all countries should strive to make accessible through the primary health-care system, reproductive health (para. 7.6) to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems.

35. The twenty-first special session of the General Assembly for an overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development called for improvement in a broad range of reproductive health services. Two key strategic steps to be taken in moving towards a reproductive health approach are integrating existing services and broadening available services.

36. The implementation of reproductive health programmes has been constrained in many countries by operational bottlenecks, especially difficulties in integrating reproductive health services into primary health care in a manner that makes such services accessible to and affordable by all. The challenge has been to maintain, and if possible improve, the effectiveness of the components of health care while achieving synergy and more cost-effective provision of services. Issues related to the integration of service components include setting priorities within reproductive health care, consolidating successful components and extending their scope in an incremental manner, and making sure that services are technically adequate and acceptable to clients and that priority is given to underserved groups (United Nations, 2003a; and Lush, 2002).

37. In many countries, the vertical organizational structure of health-care systems continues to be the main institutional barrier to a more integrated approach. At the service delivery level, the focus has been on further integrating maternal and child health and family planning services with the prevention, screening and treatment of sexually transmitted infections including HIV/AIDS.

38. In Asia and the Pacific, for example, the Fifth Asian and Pacific Population Conference, held in Bangkok in December 2002, noted that since the International Conference on Population and Development, some countries had successfully integrated family planning with other components of reproductive health services. The Islamic Republic of Iran, the Republic of Korea, Sri Lanka and Thailand were providing integrated services, whereas several governmental organizations were responsible for different service components in other countries, such as Indonesia and Viet Nam (United Nations, Economic and Social Commission for Asia and the Pacific (ESCAP), 2002). Community and private sector involvement along with social marketing mechanisms to provide non-clinical methods of contraception has been achieved in Bangladesh, the Philippines, Thailand and Viet Nam. A field survey of countries in the region found that, although there was a clear desire to provide integrated reproductive health services, major obstacles — especially management arrangements, financial constraints, training of service providers and logistic systems — hindered progress. Many developing countries with high fertility

and low contraceptive prevalence reported that their programmes were not ready for integration and considered that the move towards a reproductive health approach would dilute family planning efforts (United Nations, 2003b).

39. Increasing emphasis is being given to quality-of-care issues such as client choice of methods; information for and counselling of users; technical competence of providers; interpersonal relations between providers and clients (with an emphasis on such issues as privacy, confidentiality, informed choice, concern, empathy, honesty, tact and sensitivity); mechanisms for follow-up and continuity of care; and an appropriate constellation of services. The shift to a quality-of-care approach has been motivated by the lack of staff skills and understanding of client needs, especially with regard to the communication of options available to them.

40. The objectives of the Programme of Action in the area of family planning are to help couples and individuals meet their reproductive goals; to prevent unwanted pregnancies and reduce the incidence of high-risk pregnancies; to make quality family planning services affordable, acceptable and accessible to all who need and want them; to improve the quality of family planning advice, information, education, communication, counselling and services; to increase the participation and sharing of responsibility of men in the actual practice of family planning; and to promote breastfeeding (para. 7.14). The Programme of Action stated that all countries should take steps to meet the family planning needs of their populations and should in all cases seek to provide, by the year 2015, universal access to a full range of safe and reliable family planning methods (para. 7.16). In 1999, the General Assembly at is twenty-first special session further recommended that where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50 per cent by 2005, 75 per cent by 2010 and 100 per cent by 2050 (para. 58).

41. Family planning has long been a central component of population policies and programmes and is an integral part of reproductive health. At the world level, over three fifths of married women or women in unions are using contraception (table 8). Africa has the lowest contraceptive prevalence in the world, with about one quarter of all couples, on average, using family planning. In the developing countries of Asia, nearly two thirds of couples on average are using family planning. However, the high level of use in China influences that figure. In Latin America and the Caribbean and in the more developed regions, 7 out of 10 couples, on average, are using family planning.

42. Most developing countries with available trend data for the past 10 years show a substantial increase in contraceptive use. Prevalence increased by at least 1 percentage point per annum in 68 per cent of countries and by at least 2 percentage points per annum in 15 per cent of countries. Trend data also show that condom use has increased in the great majority of the developing countries of Africa, Asia and Latin America and the Caribbean, probably as a result of campaigns promoting condom use to protect against HIV infection. In the developed world, condom use has increased in Northern America, New Zealand and some European countries, but has decreased in other European countries (United Nations, 2003a).

Table 8
Proportion of couples[a] using contraception, by major area, various years[b]

Major area	*Year*	*Percentage currently using*	
		Any method	*Modern methods[c]*
World	1998	60.9	54.0
More developed regions	1996	68.5	55.3
Less developed regions	1998	59.4	53.7
Africa	1999	26.8	19.8
Asia	1998	63.5	58.4
Europe	1995	67.0	48.9
Latin America and the Caribbean	1997	70.5	61.7
Northern America	1995	76.2	70.8
Oceania	1990	61.7	57.2

Source: United Nations world contraceptive use 2003 database.

[a] Those who are in a marital or consensual union with the woman aged 15-49.

[b] Based on latest data available as of September 2003.

[c] Being more effective at preventing pregnancy and including female and male sterilization, the pill, the intrauterine device (IUD), the male condom, injectables and implants, and vaginal barrier methods.

43. Government policies on the provision of access to contraceptive methods have been an important determinant of family planning use. Direct support entails the provision of family planning services through government-run facilities, such as hospitals, clinics, health posts and health centres, and through government fieldworkers. Government support for methods of contraception had been steadily increasing during the last quarter of the twentieth century. By 2001, the Governments of 92 per cent of all countries supported family planning programmes and contraceptives, either directly through government facilities (75 per cent) or indirectly through support of the activities of non-governmental organizations (17 per cent), such as those operated by family planning associations (United Nations, 2002a).

44. Most users of contraception rely on modern methods, which account for 90 per cent of contraceptive use worldwide. In particular, three female-oriented methods are most commonly used: female sterilization, intrauterine devices and oral pills. With respect to the use of specific methods, marked differences exist between the more developed and less developed regions: the use of traditional methods in the more developed regions is twice as high as in the less developed regions. Contraceptive users rely more on short-acting and reversible methods in the more developed regions, whereas couples in the less developed regions tend to use longer-acting and highly effective clinical methods. Reliance on male-oriented methods is much greater in more developed regions than in less developed regions.

45. Despite the recent rapid growth in the use of contraception, a variety of indicators suggest that problems of a limited choice of methods are still widespread in the developing countries. In as many as one third of the countries, a single method, usually sterilization or the pill, accounts for at least half of all contraceptive

use (United Nations, 2003a). A study relating prevalence of specific methods to their availability in 47 countries concluded that the prevalence of specific methods of contraception is closely related to the availability of those methods (Ross and others, 2002).

46. The demand for family planning is believed to outstrip the supply. It has been estimated that, as of 2000, some 123 million women did not have ready access to safe and effective means of contraception (Ross and Winfrey, 2002). The proportion of currently married women who need family planning but who are not using any method of contraception is, on average, 24 per cent in sub-Saharan Africa and about 18 per cent in Northern Africa, Asia, and Latin America and the Caribbean. In sub-Saharan Africa, substantial fractions of women are simply not aware of any modern form of contraception (United Nations, 2003b).

47. With respect to adolescents, the objectives of the Programme of Action are to address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion and sexually transmitted infections, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence, and the provision of appropriate services and counselling specifically suited for that age group; and to substantially reduce all adolescent pregnancies (para. 7.44).

48. A United Nations review of national population policies shows that adolescent fertility is a growing concern for Governments, particularly in the less developed regions (United Nations, 2002a). In 1996, the Governments of 53 per cent of countries in the less developed regions and of 48 per cent of Governments of the least developed countries had considered adolescent fertility a major concern. By 2001, those percentages had increased to 55 per cent and 62 per cent, respectively. Moreover, 72 per cent of countries in the less developed regions and 69 per cent of the least developed countries said they had policies and programmes addressing adolescent fertility (ibid.).

49. In many countries, in both the more developed and the less developed regions, many young men and women become sexually active prior to marriage. Data for the late 1990s show that, among young women who were sexually active by age 20, 51 per cent in Africa and 45 per cent in Latin America and the Caribbean had initiated sexual activity prior to marriage. By contrast, the corresponding proportion for males was 90 per cent in Africa and 95 per cent in Latin America and the Caribbean. In many developed countries, the onset of sexual activity takes place predominantly prior to marriage for both men and women.

50. Sexually active unmarried adolescent women are more likely to be using contraception than their married counterparts. In the late 1990s, contraceptive prevalence among sexually active unmarried adolescents was over 30 per cent in Benin, Cameroon, Cape Verde, Kenya, Nigeria, South Africa and Zambia in sub-Saharan Africa and over 60 per cent in Bolivia, Brazil, Colombia, Costa Rica, the Dominican Republic and Peru in Latin America and the Caribbean, a figure much higher than that for their married counterparts. In particular, condom use in these countries is considerably higher among unmarried adolescents than among those who are married (United Nations, 2003a).

51. Current levels of adolescent fertility vary widely among countries. African countries have the highest levels of adolescent fertility and also the largest variation in adolescent fertility rates, ranging from less than 50 to more than 200 births per 1,000 women aged 15-19. In many countries of Asia, increases in age at marriage and a low incidence of premarital childbearing have resulted in low levels of childbearing among adolescents. Adolescent fertility rates in Latin America and the Caribbean continue to be relatively high, even though in most countries total fertility had reached low levels by the end of the 1990s. In the majority of developed countries, adolescent fertility rates are below 20 births per 1,000 women aged 15-19; and in Japan and a few European countries, they are as low as 5 births or less per 1,000 women. In addition, the Baltic States and many countries in Eastern Europe experienced rapid declines in adolescent childbearing during the 1990s (United Nations, 2003b).

IV. Health and mortality

52. The Programme of Action urged that countries aim to achieve a life expectancy at birth greater than 70 years by 2005 and greater than 75 years by 2015 (para. 8.5). Countries with the highest levels of mortality should aim to achieve a life expectancy at birth greater than 65 years by 2005 and greater than 70 years by 2015.

53. Between 1990-1995 and 1995-2000, life expectancy increased in all regions of the world except Eastern and Southern Africa and Eastern Europe (table 9). According to the United Nations, 101 of the 192 countries or areas of the world with a population of at least 100,000 persons in 2000 are likely to have life expectancies above 70 years by 2000-2005, thus meeting the goal set by the Programme of Action for 2005. Another 28 countries with relatively high mortality are anticipated to meet the goal of having a life expectancy above 65 years by that date. With respect to the goals set for 2015, it is expected that 67 countries will have achieved a life expectancy higher than 75 years by 2010-2015 and that 54 countries with high mortality today will reach a life expectancy ranging from 70 to 75 years in 2010-2015. The vast majority of countries that are not likely to meet the goals set by the Programme of Action are in Africa, where only 5 of the 54 countries in the continent are projected to achieve a life expectancy above 70 years by 2000-2005 and another 4 are projected to have a life expectancy between 65 and 70 years in that period. In Asia, 14 of the 50 countries in the continent are not expected to meet the goal set for increase of life expectancy.

54. The principal objectives of the Programme of Action in the area of primary health care and the health-care sector are to increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people, in accordance with national commitments to provide access to basic health care for all; and to increase the healthy lifespan and improve the quality of life of all people, and to reduce disparities in the life expectancy between and within countries (para. 8.3).

Table 9
Life expectancy at birth by major area, 1990-1995, 2000-2005 and 2010-2015

	Life expectancy at birth (years)		
Major area	*1990-1995*	*2000-2005*	*2010-2015*
World	63.8	65.4	67.2
More developed regions	74.0	75.8	77.3
Less developed regions	61.5	63.4	65.3
Least developed countries	48.6	49.6	52.9
Africa	51.1	48.9	51.0
Asia	64.0	67.2	69.4
Europe	72.6	74.2	75.7
Latin America and the Caribbean	68.0	70.4	72.6
Northern America	75.2	77.4	78.5
Oceania	71.9	74.1	75.9

Source: *World Population Prospects: The 2002 Revision*, vol.1, *Comprehensive Tables* (United Nations publication, Sales No. E.03.XIII.6).

55. For many low-income countries, the costs of providing a minimal package of cost-effective public-health and clinical services to the entire population exceeds current levels of government spending on health. Around 2000, only 3 per cent of gross domestic product (GDP), on average, was devoted to the health sector in developing countries and the equivalent figure was lower in the least developed countries. Expenditures still tend to favour hospitals and medical facilities in the capital city and there has been little progress towards a more equitable distribution of resources at the local and regional levels. While the percentage of national health expenditures devoted to local health services has been increasing in industrialized countries, it has been stagnant in developing countries, and has decreased in the least developed countries.

56. There are new challenges that threaten to offset hard-won gains in health status. To the long-standing challenges posed by infectious diseases must be added those associated with re-emerging diseases, such as malaria, tuberculosis and cholera, and the threat of HIV and new pathogenic strains resistant to currently available antibiotics.

57. These varied constraints and challenges call for a reassessment of the priorities and approaches of the health-care sector. A primary objective in the reorientation of priorities should be to reduce the current and growing disparities in health and mortality between and within countries. To that end, efforts must be made and relevant studies undertaken to understand the bases for the stagnation of or increases in mortality where they are occurring. Although the importance of non-communicable and degenerative diseases is increasing in many countries, preventable causes of death still contribute significantly to the death toll in countries where mortality is highest. Therefore, it is essential that prevention remain an important focus of the health-care sector.

58. The principal objectives of the Programme of Action regarding child survival and health are to improve the health and nutritional status of infants and children; to promote breastfeeding as a child-survival strategy; and to reduce disparities in child survival between and within developed and developing countries, with particular attention to eliminating the pattern of excess and preventable mortality among female infants and children (para. 8.15). In addition, countries were urged to reduce their infant and under-five mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever was less, by the year 2000 (para. 8.16). By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 live births and an under-five mortality rate below 60 deaths per 1,000 live births. By 2015, all countries should aim to achieve an infant mortality rate below 35 deaths per 1,000 live births and an under-five mortality rate below 45 deaths per 1,000 live births.

59. Infant mortality and child mortality have been declining in almost all parts of the world (table 10). In the world as a whole, it is estimated that the under-five mortality rate declined by 16 per cent between 1985-1990 and 2000; 78 countries — 26 of them in the more developed regions — achieved the targeted one-third reduction between 1985-1990 and 2000. However, childhood mortality risks remain high in many countries. As many as 64 countries — 45 in Africa, 15 in Asia, 3 in Latin America and the Caribbean and 1 in Oceania — have not met the goal of 70 deaths under age five per 1,000 live births set for the year 2000. At the current pace of decline in under-five mortality, 64 countries will not have met the goal of having an under-five mortality rate below 60 deaths per 1,000 live births by 2005, and 65 countries will not have met the goal of reaching an under-five mortality below 45 deaths per 1,000 live births by 2015.

60. Several factors account for the slow pace of improvement in child survival. Although the proportion of malnourished children appears to have improved globally since around 1990, approximately 27 per cent of children under age five are still underweight for their age. Malnutrition remains a particular challenge in Southern Asia and Africa (United Nations Children's Fund (UNICEF), 2001). In addition, AIDS has already eroded hard-won gains in sub-Saharan Africa, and is also threatening Southern and South-eastern Asia. Persistent economic crises and deepening poverty in many countries also compromise efforts to sustain interventions for the promotion of child health and survival.

61. With respect to women's health and safe motherhood, the objectives of the Programme of Action are to promote women's health and safe motherhood; to achieve a rapid and substantial reduction in maternal morbidity and mortality, and to reduce the differences observed between developing and developed countries and within countries; to reduce greatly the number of deaths and morbidity from unsafe abortion,[1] and to improve the health and nutritional status of women, especially pregnant and nursing women (para. 8.20). In addition, countries were urged to effect significant reductions in maternal mortality by 2015: a reduction to one half of the 1990 levels by the year 2000 and a further one-half reduction by 2015.

Table 10
Infant and child mortality rates by major area, 1990-1995, 2000-2005 and 2010-2015

	Infant mortality rate (per 1,000 live births)			*Child morality rate (per 1,000 live births)*		
Major area	*1990-1995*	*2000-2005*	*2010-2015*	*1990-1995*	*2000-2005*	*2010-2015*
World	64.2	55.6	45.8	93.6	80.9	66.2
More developed regions	10.1	7.5	6.6	12.9	9.5	8.7
Less developed regions	70.8	60.9	49.9	103.3	88.7	72.3
Least developed countries	111.4	97.2	82.0	182.8	160.5	132.8
Africa	99.0	88.5	74.6	163.6	148.4	123.5
Asia	64.8	53.2	41.9	89.4	70.6	54.5
Europe	12.4	8.9	7.7	15.8	11.3	10.2
Latin America and the Caribbean	40.4	31.9	25.0	51.4	40.6	32.2
Northern America	7.8	6.6	5.9	9.7	8.2	7.7
Oceania	30.9	25.9	20.6	42.5	34.6	26.7

Source: *World Population Prospects: The 2002 Revision*, vol.1, *Comprehensive Tables* (United Nations publication, Sales No. E.03.XIII.6).

62. Currently, complications related to pregnancy and childbirth are among the leading causes of mortality for women of reproductive age in many parts of the developing world. Recent estimates of maternal mortality indicate that about 529,000 women die each year of pregnancy-related causes, 99 per cent of them in developing countries (WHO, UNICEF and UNFPA, 2003). The gap in maternal mortality ratios between more developed and less developed regions is wide: in 2001, the estimates ranged from an average of 440 maternal deaths per 100,000 live births in the less developed regions to about 21 maternal deaths per 100,000 live births in the more developed regions. About 80 per cent of such deaths are due to obstetric complications.

63. The immediate cause of pregnancy-related complications, ill health and death is inadequate care of the mother during pregnancy and delivery. The proportion of deliveries attended by a skilled person improved between 1985 and 2000. In sub-Saharan Africa in 1985, just one third of deliveries had been attended by a trained attendant; by 2000 that proportion had increased to 41 per cent. Also around 2000, the proportion of deliveries attended by a skilled person was just 35 per cent in Southern Asia, but 80 per cent in Eastern Asia and in Latin America and the Caribbean. In the developing world as a whole, approximately 65 per cent of all pregnant women receive at least some care during pregnancy; 40 per cent of deliveries take place in health facilities; and skilled personnel assist slightly more than half of all deliveries.

64. At the twenty-first special session of the General Assembly held in 1999, it was agreed that by 2005, where the maternal mortality rate was very high, at least 40 per cent of all births should be assisted by skilled attendants; and that by 2010, this figure should be at least 50 per cent and by 2015, at least 60 per cent. It was

also agreed that all countries should continue their efforts so that, globally, by 2005, 80 per cent of all births should be assisted by skilled attendants; by 2010, 85 per cent; and by 2015, 90 per cent (Assembly resolution S-21/2, annex, para. 64). At the current pace of improvement, few developing countries outside of Latin America and the Caribbean will achieve these goals.

65. The principal objectives of the Programme of Action in the area of HIV/AIDS are to prevent or reduce the spread of HIV infection and minimize its impact; to increase awareness of the disastrous consequences of HIV infection, AIDS and associated fatal diseases, at the individual, community and national levels, and of the ways of preventing such infection; to address the social, economic, gender and racial inequities that increase vulnerability to the disease; to ensure that HIV-infected individuals have adequate medical care and are not discriminated against; to provide counselling and other support to people infected with HIV and to alleviate the suffering of people living with AIDS and that of their family members, especially orphans; to ensure that the individual rights and confidentiality of persons infected with HIV are respected; to ensure that sexual and reproductive health programmes address HIV infection and AIDS; to intensify research on methods to control the HIV/AIDS pandemic; and to find an effective treatment for the disease (para. 8.29).

66. At the end of 2003, about 40 million people were infected with HIV, the virus that causes AIDS. There were an estimated 5 million new infections during 2003, occurring at an average rate of about 14,000 new infections per day. Of the new infections, about 40 per cent were in women and nearly 20 per cent in children. In 2002, some 3.1 million people died of AIDS, of whom 1.3 million were adult men, 1.2 million were adult women, and 610,000 were children under age 15.

67. Behavioural change is central to prevention programmes. Prevention programmes, including media campaigns, peer education, campaigns to increase knowledge about AIDS and how to avoid it, providing access to condoms and clean injection equipment, and helping people to acquire the skills that they need to protect themselves and their partners, have been shown to work in many settings.

68. The Declaration of Commitment on HIV/AIDS adopted by Governments at the twenty-sixth special session of the General Assembly on HIV/AIDS on 27 June 2001 (Assembly resolution S-26/2, annex) marked a promising new beginning in the fight against HIV/AIDS. It established, for the first time, time-bound targets to which Governments and the United Nations might be held accountable. Already there is substantial evidence of progress: countries are recognizing the value of pooling resources, experiences and commitments by forging regional initiatives to combat the epidemic (Joint United Nations Programme on HIV/AIDS (UNAIDS)/United Nations Children's Fund/United States Agency for International Development, 2002). Moreover, additional resources are being brought to bear by the newly created Global Fund to Fight AIDS, Tuberculosis and Malaria. However, the global response to HIV/AIDS remains far short of what is required, and progress is piecemeal. More action is needed in the areas of prevention, treatment and care programmes (Joint United Nations Programme on HIV/AIDS (UNAIDS)/World Health Organization (WHO), 2003).

V. International migration

69. Since the adoption of the Programme of Action, there has been growing recognition that the issue of international migration and development is of key relevance to the global agenda. A number of international forums have addressed different aspects of this issue and determined how the international community can best approach them. Thus, the former Administrative Committee on Coordination Task Force on Basic Social Services for All organized a Technical Symposium on International Migration and Development that took place in the Hague in 1998 as part of the follow-up activities to the International Conference on Population and Development. Both the Fourth World Conference on Women held in Beijing in 1995 and the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century" held in June 2000 had shed light on the particular needs of migrant women and children, especially those who are victims of trafficking. More recently, the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, held in Durban, South Africa, in 2001, reaffirmed the urgent need to prevent, combat and eliminate all forms of discriminatory practice against migrants, in accordance with the key objectives of the Programme of Action. Since 1995, the possibility of convening a United Nations conference on international migration and development has been debated at the General Assembly every two years. The proposal, however, has not gained the support of the majority of member States (see A/58/98, sect. III.A, for a presentation of the views of Governments thereon).

70. The subject of international migration and development has also gained prominence in organizations outside the United Nations system. The International Organization for Migration (IOM) has organized many conferences and workshops and has carried out research on international migration dynamics in developing countries. The Organisation for Economic Cooperation and Development (OECD) maintains the Continuous Reporting System on Migration (SOPEMI) with a view to informing Governments on international migration trends and thus assisting in the better management of international migration. The growing recognition that there is a need to facilitate cooperation among States in planning and managing the humane and orderly movement of people prompted the Government of Switzerland to launch in 2001 a global consultative process, known as the Berne Initiative. It has involved the Governments of over 80 countries that are the origin, destination or place of transit of international migrants, as well as intergovernmental and non-governmental organizations, and academics.

71. The Programme of Action accorded particular importance to the basic rights of migrants. The United Nations has developed a number of legal instruments to safeguard the human rights and dignity of migrants irrespective of their legal status. The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families adopted by the General Assembly in its resolution 45/158 of 18 December 1990 came into force on 1 July 2003. As of December 2003, 24 States had ratified the Convention. As there is a growing consensus that trafficking in persons is a crime that entails human rights violations, two protocols were adopted in 2000 to supplement the United Nations Convention Against Transnational Organized Crime (General Assembly resolution 55/25, annex I): the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against

Transnational Organized Crime (ibid., annex II), and the Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime (ibid., annex III). As of December 2003, 45 countries had ratified the former and 40 the latter. The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, entered into force on 25 December 2003, while the Protocol against the Smuggling of Migrants by Land, Sea and Air will enter into force on 28 January 2004.

72. Two key instruments of the International Labour Organization (ILO) for the protection of migrant workers, namely, the Convention concerning Migration for Employment (Revised 1949) (No. 97), and the Convention concerning Migrations in Abusive Conditions and the Promotion of Equality of Opportunity and Treatment of Migrant Workers, 1975 (No. 143), have been in force for a long time. However, there has been no new accession to these Conventions since 1994. Thus, the number of countries that ratified them remain at 42 for the former and 18 for the latter.

73. The Programme of Action encouraged more cooperation and dialogue between countries of origin and countries of destination in order to maximize the benefits of international migration (para. 10.2). Recognizing that common understandings among Governments are often easier to achieve at the regional level, a number of regional and subregional consultative processes have emerged, often out of international conferences or seminars. Each process brings together representatives of States in a particular region in addition to international organizations and, in some cases, non-governmental organizations as well. International organizations, such as UNHCR, IOM, and the International Centre for Migration Policy Development have provided valuable substantive and logistic support to generate and maintain the momentum in such consultative processes. Table 11 indicates that consultative processes exist in virtually all world regions.

74. The Budapest Process, which started in 1993, aims at reinforcing cooperation regarding the control of migration among countries of Central, Eastern and Western Europe. It functions as a consultative forum for more than 40 Governments. More than 80 working sessions on various migration-related issues have been organized since 1994. In the Commonwealth of Independent States (CIS) and neighbouring countries, the Regional Conference to Address the Problems of Refugees, Displaced Persons, Other Forms of Involuntary Displacement and Returnees, in the countries of the Commonwealth of Independent States and relevant neighbouring States organized in 1996 by UNHCR, IOM, and the Organization for Security and Cooperation in Europe (OSCE), led to a comprehensive technical cooperation programme aimed at establishing, improving and harmonizing national migration legislation, policies and administrative structures in CIS.

Table 11
Number of Governments participating in regional consultative processes on international migration

Region/ subregion	*APC*[a]	*Budapest Group*	*CIS Conference Process*[b]	*IGC*[c]	*Lima Declaration Process*[d]	*Manila Process*	*MIDSA*[e]	*MIDWA*[f]	*Puebla Process*[g]
Africa							13	15	
Asia	21[h]	3	8			14[h]			
Europe		37	4	13					
The Americas		2		2	10				11
Oceania	10	1		1		3			
Total	**31**[h]	**43**	**12**	**16**	**10**	**17**[h]	**13**	**15**	**11**

[a] Intergovernmental Asia-Pacific Consultations on Refugees, Displaced Persons and Migrants.
[b] Commonwealth of Independent States and relevant neighbouring States Conference Process.
[c] Intergovernmental Consultations on Asylum, Refugee and Migration Policies in Europe, North America and Australia.
[d] South American Conference on Migration.
[e] Migration Dialogue for Southern Africa.
[f] Migration Dialogue for Western Africa (Follow-up to the Dakar Declaration).
[g] Regional Conference on Migration (RCM).
[h] Including the Government of Hong Kong Special Administrative Region (SAR) of China.

75. In Central and North America, Governments have been holding regular regional consultations in what has become known as the Puebla Process. In Asia, the Manila Process, which developed from a regional seminar held in 1996, focuses on the exchange of information, primarily on irregular migration and trafficking. The Intergovernmental Asia-Pacific Consultations on Refugees, Displaced Persons and Migrants (APC), also established in 1996, consist of a series of meetings involving countries of Asia and Oceania. In 1999, representatives of South American countries met in Lima and began a tradition of annual meetings to share views on migration issues and to seek cooperation in the region. In Africa, two processes have been set in motion since 2000, one involving countries of Eastern, Middle and Southern Africa (MIDSA) and the other involving those of Western Africa (MIDWA). Both processes seek regional approaches to broadening migration management and to assessing future needs for technical cooperation.

76. The European Union (EU) has developed new regional approaches to migration management. In 1999, at a special meeting of the European Council in Tempere, Finland, the Council called for a common policy on immigration and asylum and set forth a framework within which to achieve it. Pursuing partnerships with third countries has been a key element set out in Tempere.

77. In a global initiative, a group of countries from both the more developed regions and the less developed regions, and representing both sending and receiving countries, have formed an independent Global Commission on International Migration. The mandate of the Global Commission is threefold: (a) to place international migration in the global agenda; (b) to analyse gaps in current approaches to migration and examine interlinkages with other issues areas; and (c) to present recommendations on how to strengthen national, regional and global

governance of international migration. The Commission is scheduled to make its final report available to the United Nations Secretary-General, and to other stakeholders, in the summer of 2005.

78. The past decade has witnessed noticeable changes in Governments' views and policies regarding international migration, as a result of growing concerns with the demographic, economic, political and social consequences of immigration. In 2001, 44 per cent of all developed countries had policies aimed at lowering immigration levels, as had 39 per cent of developing countries.

79. The prevention and control of undocumented migration, especially when it involves trafficking in migrants, have become one of the major priorities for many countries. Measures adopted to reduce unauthorized migration include information campaigns to raise awareness about the dangers involved, sanctions against those who organize the trafficking of migrants, and the protection of those who are the victims of trafficking.

80. There has been slow progress in ensuring that documented migrants enjoy equality of treatment with citizens. In many countries, migrant workers are still constrained to remain in particular jobs or occupations. Documented migrants still face xenophobia and discrimination at work and in other areas of everyday life.

81. The Programme of Action recognized the positive impacts of international migration on both the countries of origin and the countries of destination. Governments of countries of destination were invited to consider the use of certain forms of temporary migration as a means of improving the skills of the nationals of countries of origin (para. 10.5). Although effective measures to facilitate such mechanisms are still underdeveloped in most countries, there is, for example, the French "co-development" model which promotes the circulation of migrants between countries of origin and countries of destination and provides technical and financial assistance for migrants who decide to return to their countries of origin. The programme "Transfer of Knowledge through Expatriate Nationals" (TOKTEN), an initiative led by the United Nations Volunteers (UNV), helps qualified professionals from developing countries return to their home countries and offers technical short-term assistance.

82. Migrant remittances continue to be a major source of foreign exchange and an important addition to the gross domestic product (GDP) of many countries. The Programme of Action urged Governments of countries of origin wishing to foster the inflow of remittances, to promote the conditions to increase domestic savings and channel them into productive investment (para. 10.4). Policies to ensure stable exchange rates and to promote the safe and timely transfer of remittances have been slow to develop; but the Mexican "Godfather Programme" demonstrates that it is possible to increase the impact of remittances on development, if the Government works closely with emigrants to facilitate their productive investment in the communities of origin (Widgren and Martin, 2002).

83. The Programme of Action reflected key concerns of the international community regarding the plight of people who are forced to leave their communities of residence. The increase in the number of refugees and asylum-seekers during the early 1990s posed a challenge for many countries that had to provide adequate protection for asylum-seekers and refugees, while managing international migration in line with national priorities. Governments were urged to strengthen their support

for international protection of and assistance to refugees, as well as displaced persons (para. 10.24).

84. In developing countries, the financial burden posed by growing numbers of asylum-seekers and refugees has strained the practice of granting asylum on a group basis and changed the spirit of hospitality that had prevailed until the 1980s. In developed countries, the asylum system has been under strain as a growing number of persons have been seeking protection, often without meeting the conditions for qualifying as refugees. As a result, many developed countries have adopted more stringent rules with respect to both gaining access to the asylum system and being granted asylum. Thus, in 2001, only one third of all asylum decisions taken in developed countries were positive (United Nations High Commissioner for Refugees, 2002).

85. Although Governments have become more reluctant to grant refugee status, new mechanisms have evolved to ensure the provision of assistance for people who are genuinely in need of protection. Granting temporary protection, and thus the right to remain in the host country until conditions in the country of origin allow the safe return of the persons involved, has been one such strategy. Measures to address the needs of internally displaced persons have also been implemented in response to specific crises.

86. One of the key objectives of the Programme of Action is to find and implement durable solutions to the plight of refugees and displaced persons. Repatriation has generally been considered the most desirable durable solution to the plight of refugees. The number of refugees in the world under UNHCR responsibility had reached a peak in 1992 at 17.8 million and has been declining since then, having reached 12 million by 2001 (United Nations High Commissioner for Refugees, 2002). That decline resulted from major repatriation flows made possible by the resolution of long-standing conflicts, for example, in Afghanistan, Angola, Bosnia and Herzegovina, Liberia, Mozambique and Rwanda. International humanitarian organizations, such as UNHCR, have been expanding their functions to assist in the reintegration of returnees and in rebuilding the communities of origin. In addition, there has been greater emphasis on promoting the self-reliance of refugee populations in the countries of asylum.

87. The Programme of Action also urged Governments to abide by international law concerning refugees, and States that had not already done so were invited to consider acceding to the international instruments concerning refugees (para. 10.27). Two international instruments, the 1951 Convention relating to the Status of Refugees (United Nations, 1954) and the 1967 Protocol thereto (United Nations, 1967), had set forth the most widely recognized definition of "refugee" and the various rights and standards from which refugees might benefit. Between 1994 and 2003, 22 more countries became parties to the Convention, bringing the total to 142, and 20 more countries became parties to the Protocol thereto, bringing the total to 140.

VI. Population programmes

88. The present section considers progress in national programme implementation. The section is based on various reports,[2] as well as on the findings of a field survey by the United Nations Population Fund (United Nations Population Fund (UNFPA), 2004). The field survey, was conducted in 2003 among 165 developing countries,

and covered major topics contained in the Programme of Action. The response rate was 92 per cent.

89. The overall progress in implementing the Programme of Action and the key actions for its further implementation adopted five years later at the twenty-first special session of the General Assembly (Assembly resolution S-21/2, annex) has been substantial. The progress is evident in terms of both specific programmatic developments, and the number of countries implementing programmes on reproductive health, prevention of sexually transmitted diseases/HIV, adolescent reproductive health, gender equity and women's empowerment, as well as integration of population and development linkages. By comparison, there has been a less marked increase in the number of countries addressing issues related to ageing, and internal and international migration. Progress on other aspects is more varied: substantial improvements on partnerships; insufficient progress on resource allocations; and persistence of institutional constraints, including weak capacities.

90. Progress has been made in promoting and implementing a more comprehensive approach to ensuring reproductive rights and reproductive health. Close to 87 per cent of the countries in the field survey reported that they had undertaken actions. Since the International Conference on Population and Development, Governments have intensified their efforts to integrate family planning services, safe motherhood, adolescent reproductive health and sexually transmitted infections/HIV prevention into reproductive health programmes. Many countries have integrated reproductive health into their primary health-care package and are improving institutional capacity and coordination. Others are seeking ways to further develop infrastructure to increase access to information and services. Many countries are now working with the private sector to finance reproductive health services and supplies and are partnering with non-governmental organizations to assist in service provision and awareness-raising.

91. The availability of contraceptive supplies and services has been greatly enhanced in many countries, and there are greater opportunities for individual choice and decision-making. Still, social and cultural factors continue to constrain women from accessing services, and those living in rural areas and having low income are least likely to be using contraception. Consequently, there remains a huge unmet need for family planning information and services, both for spacing and for limiting births. Issues of affordability, accessibility and availability of services are not yet fully addressed in many countries. Also, countries are striving hard to reduce maternal deaths by upgrading health-care facilities to provide essential and obstetric care more widely, strengthening prenatal care, training health service providers, providing transportation for women and mobilizing communities to fully use those services. Still, 40 per cent of births in the developing countries are taking place without attendance by skilled health personnel, putting mothers' and infants' lives at risk.

92. The recent review in the General Assembly (22 September 2003) of progress towards meeting basic AIDS prevention and care goals (*see the report of the Secretary-General on the progress towards implementation of the Declaration of commitment on HIV/AIDS (A/58/184) submitted to the Assembly at its fifty-eighth session)* concluded that the current response to HIV/AIDS, while representing progress on some fronts, is inadequate in many key areas. Over 90 per cent of the countries have established comprehensive national HIV/AIDS strategies and

national bodies coordinating the response, and have increased public awareness of HIV/AIDS through mass media campaigns, school-based education on AIDS, and programmes of peer education. There is also some improvement in funding for AIDS in low- and middle-income countries. However, only a fraction of the people currently at risk have meaningful access to basic prevention services such as life skills-based education, sexually transmitted infections management and prevention of mother-to-child transmission programmes, as well as to programmes encouraging people to abstain, be faithful and use condoms. Also, issues of feminization of the pandemic, support to children orphaned by HIV/AIDS, provision of comprehensive information to young people on HIV prevention, and combating social stigma and discrimination against those with HIV/AIDS have not yet been fully addressed. When it comes to treatment, the availability of antiretroviral therapy is extremely low in poorer countries. Almost 47 per cent of the countries in the field survey have identified HIV/AIDS as their top emerging issue, emphasizing prevention aspects.

93. Reproductive rights and reproductive health needs of adolescents are being addressed in some fashion in over 90 per cent of the countries. Many Governments are addressing reproductive health and development in a comprehensive manner by formulating multisectoral polices for youth, strengthening formal and informal education programmes, advocating for reproductive rights and reproductive health information, and for youth-friendly counselling and services, and increasing the attention directed towards youth employment. Partnership with civil society, with involvement of youth, has become an important mechanism for reaching adolescents and youth in many countries. However, these actions need to become more pervasive in many more countries.

94. Close to 90 per cent of Governments have reported that they are using a variety of information, education and communication and advocacy strategies to help achieve desired changes at legislative, policy or programmatic levels. Strategies used include lobbying for legislative changes and enactment of new laws, formulating national and regional approaches, implementing national policies, creating local advocacy bodies, introducing educational modules and service delivery modalities and supervising law enforcement initiatives. Furthermore, countries are using a variety of behavioural change strategies including media campaigns, peer education, formal education, reorientation of community health workers, and mobilization of community groups.

95. Overall, progress made in the implementation of the broad reproductive health approach is encouraging. However, many aspects of reproductive health programmes require rapid improvement. For example, access to quality reproductive health services, including family planning methods, obstetric emergency services, and prevention and management of sexually transmitted infections, are still limited. There exists considerable unmet need, in both normal and emergency situations, for reproductive health, including family planning services. Links between service delivery and information, education and communication and advocacy campaigns are often weak. Mechanisms for intersectoral coordination have increased, but are still weak. Management capacities are inadequate at subnational and other local levels. The levels of financial and trained human resources currently available are woefully inadequate.

96. A growing number of Governments are making efforts to protect the human rights of girls and women and to support women's empowerment. Almost all the

countries in the field survey (99 per cent) have reported taking some action on this issue since the International Conference on Population and Development: 67 per cent have adopted laws and legislation on rights, 52 per cent have established national commissions on gender, 44 per cent have ratified United Nations conventions, 39 per cent have adopted policies on gender discrimination, and 31 per cent have included gender mainstreaming in policies and programmes. It is thus clear that more countries need to take specific actions. The major actions taken comprise efforts to increase women's participation in governance, initiation of plans to support women's empowerment, adoption of legislation and laws supporting empowerment, and empowerment of women through economic opportunities and through education and training. Many countries have established focal points within government ministries, and have developed mainstreaming tools and guidelines for use at local and regional levels. Many others are increasingly addressing women's rights, employment discrimination, and ownership and land rights issues, as well as violence against women and trafficking in women and girls. A large number of countries are focusing on education of girls. Countries are also increasingly paying attention to roles and responsibilities of men, especially in light of gender-based violence and HIV/AIDS, including legislative and outreach efforts on related issues. While these actions on gender equity and empowerment are encouraging, the extensiveness, intensiveness and outreach of these actions are still modest compared with the magnitude, pervasiveness and cultural underpinnings of the issue.

97. Over 50 per cent of the countries in the field survey have taken strong action and another 44 per cent have taken "some" action to integrate population concerns into development strategies; over 90 per cent have started taking into account population and poverty interactions in some fashion in national poverty reduction strategies; and over 90 per cent reported having taken some action to incorporate population and environmental linkages into national and/or sectoral development plans. Also, the explicit inclusion of population factors, gender concerns and reproductive health issues in United Nations Development Assistance Frameworks (UNDAFs), in Poverty Reduction Strategy Papers (PRSPs), and in reporting on the Millennium Development Goals was progressively increasing (see United Nations Population Fund, 2003; and n.d.). Similarly, regarding population and environment, 40 countries have adopted specific policies, and 22 countries have enacted laws/legislation.

98. Since the International Conference on Population and Development, many developing countries have been addressing the issue of population ageing. For example, plans and programmes on ageing have been established in 58 countries, provision of minimum living standards for the elderly has begun in 50 countries, policies on ageing have been adopted in 33 countries, and data collection on the needs of the elderly has been undertaken in 18 countries. However, the scale and financial sustainability of these initiatives in meeting the needs of rapidly increasing numbers of the elderly are worrisome concerns.

99. The issue of internal migration is attracting greater attention. Close to 66 per cent of the countries in the field survey reported having undertaken actions, which include adoption of migration plans in 49 countries and creating plans to redistribute socio-economic and political activities to other regions in 47 countries. Also, 15 countries had initiated plans to provide assistance or services to internally displaced persons. Moreover, 76 countries reported on actions taken to explicitly address the reproductive health needs of the inhabitants of slums, and squatters.

100. Over 70 per cent of the countries in the field survey also reported on the types of measures taken to address international migration. Specific actions undertaken include legislation to deal with international migration in 38 countries, plans or programmes on migration or refugees in 43 countries, and intergovernmental policies on migration in 34 countries. The issue of international migration remains sensitive in many countries.

101. Lack of national capacity to monitor progress in implementing the Programme of Action, including collection, analysis, dissemination and utilization of the necessary data, as well as development and management of databases and indicators, plagues developing countries in general and the least developed ones in particular. This is seriously hampering not only policy-making and planning across a broad range of sectors in many countries, but also the measurement of progress towards subnational, national and international development goals.

102. Progress on partnership in population and reproductive health is encouraging. Almost 95 per cent of the Governments have reported on strategies adopted, which include forging partnerships between national population commissions and the non-governmental organizations, collaborating in the development, implementation or monitoring of population programmes, and cooperating in the formulation of population policy or the enactment of laws. The specific actions undertaken include establishing parliamentary caucuses, creating national forums for non-governmental organizations, supporting training or capacity-building initiatives, and promoting local and community-level networks. In many situations, the provision of services by non-governmental organizations and others has become crucial. However, long-term financial sustainability of non-governmental organizations remains a major issue. Collaboration with the private sector is as yet limited.

103. Many countries have started learning from each other's experiences, through South-South partnerships. There has also been progress on regional partnerships through the activities of the regional commissions, other regional institutions and networks, regional and global training programmes, and parliamentary initiatives, as well as through the efforts of United Nations funds, programmes and organizations. At the global level, there has been increasing recognition among multilateral agencies of the potential benefits of fostering partnerships. In this context, through the United Nations Development Group and other mechanisms, notable progress has been made on harmonization of policies and procedures.

104. The Programme of Action recommended time-bound targets on resource mobilization — US$ 17 billion by the year 2000 and US$ 18.5 billion by 2005 (para. 13.15). Despite a steady but slow increase in resources for population in the last 10 years, the target of mobilizing US$ 17 billion by the year 2000 was not met. The preliminary estimates of resource flows for population for the year 2003 indicate that both donor assistance and domestic resource support have increased. Yet, attaining the target of US$ 18.5 billion by the year 2005 remains a challenge for the entire international community.

105. Resource gaps are especially large in poor countries, and the least developed countries almost entirely depend on donor assistance. The strategically crucial placement of population and reproductive health issues in new programmatic frameworks has improved the effectiveness and efficiency of available resources. However, unless new, additional and sustained resources are mobilized, it is unlikely that most of the goals and targets of the Programme of Action will be met. Instead,

there will be a worsening of the population and reproductive health situation in many poor countries. The need to reach the internationally agreed target of 0.7 per cent of gross national product (GNP) for official development assistance (ODA) is most urgent now.

106. Progress in implementing the Programme of Action during its first decade has been encouraging and much has been learned in operationalizing the innovative approach of the International Conference on Population and Development, including finding successful approaches, as well as achieving a better understanding of the constraints on its implementation. Clearly, commitment of additional levels of financial resources and adequate human resources is essential to accelerating progress towards the full implementation of the 20-year Programme of Action. Achieving the Millennium Development Goals will depend on the attainment of the goals of the Programme of Action. Programme experience to date confirms that it is possible to meet these goals with the political will and commitment of all countries and all partners.

VII. Conclusions

107. The present report on the review and appraisal of the progress made in achieving the goals and objectives of the International Conference on Population and Development documents the changes in world population that occurred during the decade following the adoption of the Programme of Action of the International Conference on Population and Development. It also considers changes in population policies and programme approaches.

108. The overarching conclusion of this report is that the decade following the adoption of the Programme of Action has been one of substantial progress. The world is beginning to see the end of rapid population growth, couples are closer to achieving their desired family size and spacing, mortality is declining in most countries and there is evidence that many countries are taking the necessary steps to confront HIV/AIDS and other mortality crises, and Governments are initiating processes to address concerns related to international migratory movements. However, the 10 years since the convening of the International Conference on Population and Development have also seen shortfalls and gaps in the implementation of the Programme of Action. There have been variations in fulfilling the goals and targets of the Programme of Action both among countries and among population groups within countries.

109. **Some of the main features of the progress made in achieving the goals and objectives of the Programme of Action are described directly below:**

- **The world population reached 6.4 billion persons in 2004. The current average annual growth rate of population is 1.3 per cent, significantly lower than the rate of 1.7 per cent in the period from 1975 to 1990. In the less developed regions, the growth rate is higher than average at 1.6 per cent. In the more developed regions, in contrast, the annual growth rate is significantly lower at 0.3 per cent. As a result, about 95 per cent of the annual population increase between 1994 and 2004 (75 million of the 78 million people) occurred in less developed regions.**

- **The decrease in the population growth rate at the world level has been the result of the almost universal reduction of fertility in the 1990s. The number of countries with fertility levels above 5 children per woman, most of which are in Africa, dropped from 55 in 1990-1995 to 34 in 2000-2005. During the same period, the number of countries with below replacement level fertility increased from 51 to 62. Although most of these countries are in the more developed regions, the number of countries in the less developed regions exhibiting below-replacement fertility has doubled to 20.**

- **Despite a trend of increasing mortality levels observed in some countries, particularly those hard hit by the HIV/AIDS epidemic and those with economies in transition, the average life expectancy at birth in the world increased by about two years, from 63.8 in 1990-1995 to 65.5 in 2000-2005.**

- **Population distribution continues to be a concern for many countries, especially in the less developed regions. In fact, only about one fourth of countries in these regions are satisfied with their patterns of spatial distribution. By 2005, nearly 50 per cent of the world population (3.2 billion people) will be residing in urban areas. Between 2005 and 2015, the urban areas of the less developed regions will absorb virtually all the population growth expected at the world level. This phenomenon could exacerbate the already existing problems related to rapid urbanization.**

- **Population ageing has become more evident throughout the world. Decreasing fertility along with lengthening life expectancy continues to reshape the age structure of the population in all regions of the world by shifting relative weight from younger to older groups. In 1995, there were 542 million persons aged 60 years or over in the world, representing almost 10 per cent of the world population. By 2015, this number is projected to increase to 886 million or 12 per cent of the world population. Indeed, the older population has already surpassed the child population (persons aged 0-14) in the more developed regions.**

- **Although the interaction between population and economic development is by no means simple and direct, especially in the short run, the predominant view, as reflected in the Programme of Action, is that slower rates of population growth can allow more time to attack poverty, protect and repair the environment, and build the base for future sustainable development. Since 1994, the demographic transition, in which mortality and then fertility declines from higher to lower levels, has become a universal process. Despite significant declines in rates of population growth, however, rapid population growth remains a concern for more than half of Governments in the less developed regions. In the more developed regions, in contrast, a growing number of Governments are voicing concern over low rates of population growth and, in some countries, over population decline. In many cases, the concern is mainly with the consequences of population ageing for socio-economic development.**

- **Reproductive health programmes have been established in many countries, with rising contraceptive use among couples indicating greater access to family planning. According to the latest available data**

(pertaining to observations around 1997), the level of contraceptive use by couples in union is estimated at 70 per cent in the more developed regions and at 60 per cent in the less developed regions. However, many births are still unwanted or mistimed, and modern family planning methods remain unavailable to large numbers of couples. Adolescent reproductive behaviour, in particular, has become an emerging worldwide concern.

- The awareness of sexually transmitted infections as a major threat to public health has increased dramatically in the recent past. However, the incidence remains high, with 340 million new cases worldwide in 1999. In many countries, although the threat of sexually transmitted infections, including HIV/AIDS, has increased, access to information and services is still restricted. Restrictions are particularly great for women and adolescents, in spite of their enhanced biological susceptibility to these kinds of diseases.

- A total of 100 out of 192 countries, representing 47 per cent of the world population in 2003, have met the Programme of Action goal of a life expectancy at birth greater than 70 years in 2000-2005. However, 36 countries, mainly in sub-Saharan Africa, remain with life expectancies at birth lower than 50 years. While global life expectancy is increasing, progress is by no means uniform, as many countries have witnessed a stagnation of mortality improvement if not a decline in life expectancy. The causes are related to political conflict, socio-economic transformations, the re-emergence of diseases such as malaria, tuberculosis and cholera, and the impact of the HIV/AIDS epidemic.

- With respect to child survival, most progress has been made in the control of preventable diseases. Nonetheless, lack of basic sanitation, and of safe water and food, continues to contribute greatly to diarrhoeal disease mortality and morbidity. The United Nations Environment Programme (UNEP) estimates that 2.4 billion people lack access to adequate sanitation facilities. Huge differences persist in infant mortality. The current rate in the less developed regions is 61 deaths per 1,000 live births, against 8 deaths per 1,000 in the more developed regions. A total of 130 out of 192 countries, representing 65 per cent of the world population, are expected to achieve the Programme of Action goal of a rate below 50 deaths per 1,000 live births by 2000-2005. However, 62 countries, accounting for 35 per cent of the world population, will not meet this goal.

- The Programme of Action called for an increased national capacity to enhance primary health care and maternal and child health delivery networks by expanding coverage to the poorest and most remote communities and families. Studies show that more and more pregnant women are indeed seeking antenatal care. In the developing world as a whole, approximately 65 per cent of all pregnant women receive at least some care during pregnancy; 40 per cent of deliveries take place in health facilities; and skilled personnel assist slightly more than half of all deliveries.

- The HIV/AIDS epidemic continues to expand throughout the world, erasing decades of social and economic progress and having a devastating impact on populations in terms of increased morbidity and mortality. For

some countries, the demographic impact of AIDS is enormous. The population of the 53 most affected countries is projected to be 129 million people lower in 2015 than it would have been in the absence of AIDS. By the end of 2002, about 42 million people were infected with HIV, and 22 million people around the world had already lost their lives to the disease. Some 3.1 million people died of AIDS in 2002.

- **As of mid-2000, approximately 175 million persons resided in a country other than where they were born, three fifths of whom were found in the more developed regions. The Programme of Action stated that the option to remain in one's country should be a viable one for all people. Political instability and widening disparities in wage and employment opportunities among countries, however, have increased the potential for politically as well as economically motivated international migration across national borders. Between 1990 and 2000, the number of international migrants in the world increased by 21 million persons. Although the vast majority of migrants are making meaningful contributions to their host countries, international migration entails the loss of human resources for many countries of origin and may give rise to political, economic or social tensions in countries of destination.**

- **In the last few years, immigration has become a major issue of concern in an increasing number of countries. The implementation of national policies to affect levels and patterns of international migration has spread to all regions of the world. The number of Governments adopting new measures to influence migration has grown rapidly. In 2001, for example, 40 per cent of countries had a policy in effect to lower immigration. A decreasing trend in the number of refugees has also been noted. The number of refugees in the world fell by 24 per cent from 1997 to 2001 compared with the previous five years. Only 31 per cent of the asylum cases in the developed countries were decided positively in 2001. More recently, in the aftermath of the events of 11 September 2001, some countries have further tightened their policies towards immigrants, refugees and asylum-seekers.**

- **National programmes to implement the Programme of Action during its first decade have shown encouraging results. Much has been learned, including finding successful approaches, and arriving at a better understanding of constraints on national programmatic implementation. Clearly, commitment of additional financial resources and adequate human resources is essential to accelerating progress towards the full implementation of the 20-year Programme of Action.**

110. **The International Conference on Population and Development, convened in Cairo in 1994, achieved a great number of innovations in terms of issues, approaches and activities, particularly in the way it dealt with reproductive and gender issues, its focus on achieving sustainable development, and the role given to education, particularly of girls, in effecting change. The Programme of Action also gave wide and systematic recognition to the role of non-governmental organizations, and provided detailed recommendations regarding resource needs and institutional mechanisms for achieving its goals and objectives.**

111. **The advances at Cairo, as reflected in the Programme of Action, were built on international efforts during the two previous decades to address issues of population and development. In particular, the Programme of Action built on the two earlier conferences on population and development, namely, the United Nations World Population Conference, held in Bucharest in 1974, and the International Conference on Population, 1984, held in Mexico City.**

112. **While much progress has been made in implementation of the Programme of Action during the last 10 years, there have also been shortfalls and gaps. The progress has not been universal and, based on current trends, many countries may fall short of the agreed goals of the Programme of Action. In order that its goals and objectives may be achieved, continued efforts and commitment are needed to mobilize sufficient human and financial resources, to strengthen institutional capacities, and to nurture partnerships among Governments, the international community, non-governmental organizations and civil society. With such efforts and commitment, the next review and appraisal can be expected to reveal broader and deeper progress in achieving the goals and objectives of the Programme of Action.**

Notes

[1] Unsafe abortion is defined as a procedure for termination of an unwanted pregnancy that is performed by persons lacking the necessary skills and/or in an environment lacking the minimal medical standards (based on World Health Organization, "The prevention and management of unsafe abortion: report of a Technical Working Group" (WHO/MSM/92.5), Geneva, April 1992).

[2] Among the many such reports, see, in particular, that of the Secretary-General on monitoring of population programmes focusing on reproductive rights and reproductive health, with special reference to HIV/AIDS, as contained in the Programme of Action of the International Conference on Population and Development (E/CN.9/2002/3), submitted to the Commission on Population and Development at its thirty-fifth session, 1-5 April 2002.

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